

**CONSENT TO DISCLOSE PERSONAL INFORMATION
TO THE MEDIA/OUTSIDE ORGANIZATIONS/INDIVIDUALS**

This consent form is to be used in the following circumstances:

- when interviews are undertaken or when photos, videos, or audio recordings are taken by the media, an outside organization, or individual(s) for non-public events for use outside the school community when students are identified or are identifiable;

OR

- when photos, videos or audio recordings are taken by the school division where students are identified or identifiable, and the material is to be used for purposes outside the school or may be distributed to parties outside the school.

I hereby consent for _____ to be
(Name of Student)

- interviewed by
- photographed by
- video recorded by
- audio recorded by

I hereby waive all rights, including any economic and moral rights, that my child or I may have with respect to the production, use, distribution, or promotion of the above-described project and any reproduction of such work in favour of the [choose: Producer and the Board]. I further acknowledge and agree that there shall be no compensation provided to either me or my child respecting the use of my child's likeness, voice, image, photographs, or other reproductions, as part of the above-described project or resulting from such use in related activities.

I acknowledge that such rights shall exist, throughout the world, in perpetuity, in all media, including but not limited to social media, whether known or hereafter devised, and shall be for the benefit of the _____. By granting permission to use my child's voice and/or image,

I understand that once the information is distributed, St. Albert Public Schools ceases to have control over its distribution and the use of the information therein contained.

I hereby release the Board and its elected officials, officers, employees, agents, representatives, successors and assigns, of and from any and all actions, causes of action, claims, suits, proceedings, debts, dues, contracts, demands for damages or loss, howsoever arising, whether at common law, in equity, contractually, or pursuant to a statute, which against the Board that I may have had, may now have, or may hereafter have by reason of any matter, cause or thing whatsoever arising from my child's likeness, voice and/or image being recorded and disclosed in photographs, video, or other reproductions.

Signed this _____ day of _____, 20__

Student Signature (If 18 years of Age or
Independent Student)

Parent/Legal Guardian Signature

All personal information is collected under section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose identified above. For further information, please contact your school principal or the FOIP Coordinator at Division Office, 60 Sir Winston Churchill Ave, St. Albert - Phone: (780) 460-3712.